

## Application for Revision

Employer Name:

Employer Account #:

Statement Period:

to

Please complete, sign and return this form to the Illinois Department of Employment Security office as instructed.

Note: If additional space is needed, please make additional copies of this form.

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820 ILCS 405/100-3200. Disclosure of this information is voluntary. However, failure to disclose this information may affect the amount of your liability for contributions or payments in lieu of contributions.

<b>Section A: Benefit Charge Protest(s)</b>				
Protest Code(s)	Social Security Number	Claimant Name	Benefit Charge Amount	Quarter / Year
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/
	/ /		\$	/

<b>Section B: Additional Protest Address</b>	
Please provide address to which decision should be sent.	
<div>Employer Name:</div> <div> <div>Address 1:</div> <div>Address 2: (Apt., Floor, Suite, etc.)</div> </div> <div> <div>City:</div> <div>State:</div> <div>Zip Code:</div> </div> <div> <div>Telephone Number: (      )      -      Ext.:</div> </div>	

<b>Section C: Signature</b>	
Signature:	Date:
Name (printed):	Daytime Telephone Number:
Title:	Ext.:

### **Application for Revision Instructions**

To protest your charges, please select the applicable protest code(s) from the following list and enter the associated social security number, claimant name, charge amount, and quarter/year as detailed on the statement. Include the appropriate documentation if applicable to the protest.

1. Employer has no record of anyone having worked for them under this social security number.
2. Claimant employed by predecessor. (Provide predecessor's name, account number, address, etc.)
3. Claimant did not provide services which were covered under the UI Act, therefore we should not be charged. (The basis of the claim for an exemption, including a contract of hire, if any, is attached.)
4. Claimant worked for employer less than 30 days. (Attach a copy of the Protest letter or determination.)
5. Employer has received no determination to the protest submitted to the local office. (Attach a copy of the protest letter.)
6. Employer has received no determination to the protest submitted to the local office and 180 days have elapsed. (Attach a copy of the protest letter.)
7. No Benefit Chargeable Employer Notice (ADJ002L) or reconsidered chargeability decision was received.
8. Charges have been assessed for a period of ineligibility. (Attach Determination, Referee Decision or Board of Review decision.)
9. The claimant was working during period paid. (Attach employment details if available.)
10. Claimant separated due to incarceration. (Attach Determination or separation documentation.)
11. Claimant separated in accordance with the Health Care Worker Background Check Act.
12. An Appeal is pending.
13. Other (Please provide an explanation on a separate sheet of paper along with any supporting documentation).

The Illinois Department of Employment Security (IDES) contracts with private law firms to provide limited free legal services to small employers with respect to IDES administrative proceedings that address the subject of this notice. These are independent law firms and are not part of IDES.

A small employer is an employer that reported wages paid to less than 20 individuals, whether part or full time, for each of any two of the four calendar quarters preceding the quarter in which its application for legal assistance is made.

The level of legal services provided will depend on the substance of your challenge to this order. If you are interested in obtaining legal services, call the applicable number as soon as possible. Any delay in calling could result in your not being able to obtain this service.

If your Unemployment Insurance Account Number ends in a 0 through 4, call toll-free (866) 641-4288 or TTY (312) 641-6403.

If your Unemployment Insurance Account Number ends in a 5 through 9, call toll-free (877) 849-2007 or TTY (866) 802-8732.